

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16953

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2419

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
826 East 14th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether years, months or days)
In this community Dont know

3. (a) PRINT FULL NAME Jones A Hanslee

3. (b) If veteran, name was dont know 3. (c) Social Security No. dont know

4. Sex M. 0 5. Color or race W. 6. (a) Single, widowed, married, divorced dont know

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased dont know
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
aprox. 58 .hr. .min.

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Coroners Office

(b) Address Jackson County, Mo.

17. (a) Burial (b) Date thereof 5/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill K.C.M.

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address K. C. Mo.

19. (a) 5-27-43 (b) W. W. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. Unknown (If rural, give location) 0
(e) Citizen of foreign country? dont know (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 28 year 1943 hour 4 minute 57 M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Inspection and history

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Method of injury 5 M.D.

23. Signature E. E. Oster (M. D. or other) 5/27/43
Address 234 M. & Co. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed

H. Egerman
Licensed Embalmer No. 2744

P. O. Address H.E. No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.